In short, these common ideas of office, duty and implied contract provided the framework both for a general social ethics and for special ethics such as those implied by riches, knowledge, or high social status and those implied by the opposite circumstances.

Most scholarship on Percival has ignored the central context for his medical ethics, in part because it has ignored his own stated intentions. As a consequence there has been little appreciation of his and his contemporaries' view of the contractual relationship between physician and society. Indeed, several commentators have suggested that eighteenth-century medical ethics, such as Percival's, operated without any recognizable contract between doctor and patient, and that the interests of the patient were simply determined through the duties of the physicians to each other and to their profession.[114] This view ignores the contemporary notion of the unformulated and implied contract inherent in any office, a notion that is crucial to understanding the development of the modern idea of a profession. In the present context the issue can best be approached through close attention to Percival's Preface to *Medical Ethics*, in which he explained the origins and intentions of his work.

Percival's Intentions

The preface or similar statement of intention for one's work was, for the eighteenth-century moralist, in itself a kind of contract. It was, for example, important for an author to indicate and justify the plan of composition chosen and the relationship of the work to others on the same subject. William Paley, Percival's friend and an early reader of *Medical Ethics*, explained in the Preface to his own *Moral and Political Philosophy* that:

> when a writer offers a book to the public, upon a subject on which the public are already in possession of many others, he is bound by a kind of literary justice to inform his readers, distinctly and specifically, what it is he professes to supply, and what he expects to improve.[115]

Like Paley, Percival was concerned that his work should be of immediate practical utility and offer the reader new information on the subject, in other words, that it contribute something new to his profession. It was not to be a mere literary exercise spun from the author's imagination; it was to have practical significance as a statement of the author's expertise. If it were to have such impact, however, it must be able to stand the scrutiny of readers whose credentials positively reflected those of the author.

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Medical Ethics was first published in 1803 but, according to Percival, its opening chapter was written in 1792. This first part was written at the request of his colleagues at the Manchester Infirmary, and 'the substance of it constitutes the code of laws, by which the practice of that comprehensive institution is now governed'.[116] The Infirmary at the time included a:

> Lunatic Hospital, and Dispensary; and has now connected with it a House of Recovery, for the reception of patients ill of contagious fevers. It provides, also, for inoculation both variolus and vaccine; and for the delivery of pregnant women at their own habitations.[117]

The success of the early work led the author to:

> enlarge the plan of his undertaking, and to frame a general system of MEDICAL ETHICS; that the official conduct, and mutual intercourse of the faculty, might be regulated by precise and acknowledged principles of urbanity and rectitude.[118]

In his earlier work, Percival had taken care to emphasize that by 'urbanity and rectitude' he had not meant 'those fictitious principles of honour' known as the gentleman's code of honour. Urbanity was a basic social virtue, and rectitude was nearly coextensive with virtue as such. While these terms now may connote an unappealing combination of slickness and stiffness, in Percival's time they virtually comprised the whole duty of the upright Christian character.[119] Like 'dignity and reputation', 'honour', 'ornament' and the like, they have been generally misunderstood, and their cumulative effect has been to alienate the modern reader.

Percival's first readers did however appreciate what he meant by the principles of urbanity and rectitude in a physician. In fact their high praise bestowed upon his work what he called the 'necessary sanction'.[120] This was not simply vanity on his part, for those who read and commented upon his medical ethics before its publication made an impressive list of leading English and Scottish moralists and medical men. Among the latter were Sir George Baker, the former president of the Royal College of Physicians, and William Heberden, reputedly the most learned of contemporary British physicians. In addition there were several prominent physicians with Edinburgh connections of one sort or another: John Aikin, John Ferriar, James Currie, William Falconer, William Withering and Erasmus Darwin. The moralists included the Rev. Thomas Gisborne, Archdeacon Paley, and the Right Reverend Richard Watson, Bishop of Llandaff.[121] The notable thing about Percival's choice of first readers was that it encompassed Establishment and

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Dissent, professional institution and reform, medical science and philosophical scholarship. Of particular interest in the present context is that both Gisborne and Paley had produced significant and enormously popular systems of moral philosophy. In short, Percival could hardly have composed a group more suited to make good the claims in his preface and their praise and approval played an important role in establishing *Medical Ethics* as the *locus classicus* of medical morals for its time.

The desired utility of a work such as Percival's must in large measure be pursued by means of the proper organization of its material. Percival chose the traditional aphoristic form, which he believed to be in need of special explanation and defence in his prefatorial statement of intent. While appropriate for the task at hand, it was one which 'forbids in great measure, all digressions; and even precludes the discussion of many interesting points, nearly connected with the subject'.[122] Hence the topics for digression he placed in an appendix which he considered necessary to the completion of his overall plan. Other matters he left out altogether as not strictly speaking part of medical ethics, namely the 'Powers, Privileges, and Emoluments' of the faculty of medicine.

Percival clearly did not intend his ethics to replace earlier schemes of medical ethics but rather to illustrate and supplement the work of his predecessors. He referred specifically to Gregory's *Lectures*, Gisborne's chapter 'On the Duties of a Physician' in his massive *Enquiry into the Duties of Men in the Higher and Middle Classes of Society in Great Britain* (a chapter drawn in part from Percival's original pamphlet of 1792), and the *Statuta Moralia* of the Royal College of Physicians. Despite their obvious merit and authority, these works were, he claimed,

> not sufficiently comprehensive for the existing sphere of medical and chirurgical duty: And by the few regulations which they establish, they tacitly sanction the recommendation of a fuller and more adequate code of professional offices.[123]

Percival's desire to create a truly comprehensive ethics was further underlined by the history of the title of his work. His early work had, he claimed, soon become a code of laws governing the new extended Manchester Infirmary. Appropriately, he had initially entitled his work *Medical Jurisprudence*. However,

> some friends having objected to the term *Jurisprudence*, it has been changed to *Ethics*. According to the definition of Justinian, however, Jurisprudence may be understood to include moral injunctions as well as positive ordinances.[124]

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While the 'friends' – whatever that chameleon word may hide – eventually may have found Percival's code too much of a positive ordinance, it is hardly surprising that they should have asked him to be Manchester Infirmary's Justinian in the wide sense he here seeks to remind them of. He had a scholarly reputation as one of Britain's best-known medical moralists; he had previously written extensively on hospital policy, and his views had been in circulation for many years.[125] It is most likely therefore that Percival's code of ethics was not created *ab novo* in response to a hospital crisis but that the crisis simply hastened the publication of the work of many years. It can best be explained in the words of his biographer who wrote that his *Medical Ethics* was 'the conclusion of that plan of professional research and disquisition which he had commenced at the outset of his career'.[126]

This point is of some importance because, as we have noted above, so much scholarly literature on the professions has emphasized the purely practical nature of eighteenth-century professional ethics, not least Percival's. The publication of his manual in response to a particular hospital problem has thus been given as an explanation for its supposed incompleteness and lack of any coherent moral philosophical foundation. The question of the completeness and philosophical coherence of Percival's work is to be pursued below. It will become evident that, on this as on several other points, the fact that Percival did not address the questions which modern scholars see as the central ones in medical ethics is a measure of the profound changes in medical ethics rather than of any technical or intellectual failure on his part.

Percival claimed in his preface that his work was up-to-date, comprehensive, original, and that it had the stamp of approval of the most eminent physicians and philosophers. The relevant public seems to have accepted this, and it undoubtedly did so because the work was in fact a judicious mixture of the traditional and the innovative. The social ethics on which Percival drew, and which we have outlined above, had been long in the making and was in large part so much a matter of course that it has been a major difficulty for modern readers in understanding his whole enterprise. Among the novelties, for example, which appealed to his early readers was the central role which the hospital played in *Medical Ethics* and which we must appreciate in order to place the question of the *ad hoc* character of the work in its proper perspective.

Hospital and Profession

Manchester Infirmary was, as Percival boasted, 'a new-modelled

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institution' and one of the most comprehensive of its kind in the country. As the architect of many reforms of and additions to the hospital, Percival was an expert on every aspect of this emerging new institution. And Manchester was taken to portend what was to come. The hospital was an increasingly important social institution in provincial towns and its growing prominence brought the medical profession a kind of status and a form of social authority it did not possess in the first half of the eighteenth century. The public or social aspect of hospital practice also created new kinds of strain and conflict within it. These developments eventually transformed both the institutional character of the hospital and the profession of medicine. Percival's real significance was to have seen at an early stage that this had implications for medical ethics.

However modern his views on the subject, Percival was still careful to reassert certain traditional features of the hospital as part of his overall picture. This is signalled by the lines of popular poetry with which he introduces his discussion of the hospital as a moral institution:

> ... Lo! A goodly hospital ascends,
> In which they bade each lenient aid be nigh,
> That could the sick-bed smooth of that sad company.
> It was a worthy edifying sight,
> And gives to human kind peculiar grace,
> To see kind hands attending day and night,
> With tender ministry, from place to place:
> Some prop the head; some, from the pallid face,
> Wipe off the faint cold dews weak nature sheds;
> Some reach the healing draught; the whilst to chace
> The fear supreme, around their softened beds,
> Some holy man by prayer all opening heaven dispreds.[12]

The sentimental and traditional image of the hospital as a holy sanctuary and refuge, evoked by James Thomson, was a potent one and thus difficult to abandon even in the age of science. For Percival in his capacity as moral legislator it was a particularly useful device. Perhaps more than any other contemporary institution, the hospital was the setting for an ongoing conflict between science and religion. It was, as we shall see presently, this tension that gave medical ethics much of its specific task and at the same time its hybrid and ambiguous character.

In the discursive appendix or *Notes and Illustrations* that supplemented his aphoristic code, Percival proudly presented a piece entitled 'Discourse on Hospital Duties', originally delivered by his

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